DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: HUNTINGTON RESIDENCE (0009519)

Address: 3828 EAST ROTAMER RD, JANESVILLE, WI 53546

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094214 End Date: 02/15/2005 **Type: STANDARD Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008129 Served 03/09/2005

Deficiencies Cited Subject Area

83.15(1)(a) STAFFING PATTERNS

Survey ID: 0092409 End Date: 04/13/2004 **Type: OTHER Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007979 Served 04/29/2004

Deficiencies Cited

Subject Area

83.21(4)(p) PROMPT AND ADEQUATE TREATMENT Compliance

Compliance

Verified

Verified Corrected 02/15/2005 Yes

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/07/2005 SOD #10008129 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.15(1)(a)

Date: 04/27/2004 SOD #10007979 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 03/01/2004 Date Investigation Completed: 04/15/2004

Subject Area(s) Result SOD #

ADMISSION, TRANSFER & DISCHARGE ADMINISTRATION

NOT SUBSTANTIATED NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.